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- NEWS 1 Web Page URLs for STN Seminar Schedule - N. America
- NEWS 2 "Ask CAS" for self-help around the clock
- NEWS 3 DEC 21 IPC search and display fields enhanced in CA/CAplus with the IPC reform
- NEWS 4 DEC 23 New IPC8 SEARCH, DISPLAY, and SELECT fields in USPATFULL/USPAT2
- NEWS 5 JAN 13 IPC 8 searching in IFIPAT, IFIUDB, and IFICDB
- NEWS 6 JAN 13 New IPC 8 SEARCH, DISPLAY, and SELECT enhancements added to INPADOC
- NEWS 7 JAN 17 Pre-1988 INPI data added to MARPAT
- NEWS 8 JAN 17 IPC 8 in the WPI family of databases including WPIFV
- NEWS 9 JAN 30 Saved answer limit increased
- NEWS 10 JAN 31 Monthly current-awareness alert (SDI) frequency added to TULSA
- NEWS 11 FEB 21 STN AnaVist, Version 1.1, lets you share your STN AnaVist visualization results
- NEWS 12 FEB 22 Status of current WO (PCT) information on STN
- NEWS 13 FEB 22 The IPC thesaurus added to additional patent databases on STN
- NEWS 14 FEB 22 Updates in EPFULL; IPC 8 enhancements added
- NEWS 15 FEB 27 New STN AnaVist pricing effective March 1, 2006
- NEWS 16 FEB 28 MEDLINE/LMEDLINE reload improves functionality
- NEWS 17 FEB 28 TOXCENTER reloaded with enhancements
- NEWS 18 FEB 28 REGISTRY/ZREGISTRY enhanced with more experimental spectral property data
- NEWS 19 MAR 01 INSPEC reloaded and enhanced
- NEWS 20 MAR 03 Updates in PATDPA; addition of IPC 8 data without attributes
- NEWS 21 MAR 08 X.25 communication option no longer available after June 2006
- NEWS 22 MAR 22 EMBASE is now updated on a daily basis
- NEWS 23 APR 03 New IPC 8 fields and IPC thesaurus added to PATDPAFULL
- NEWS 24 APR 03 Bibliographic data updates resume; new IPC 8 fields and IPC thesaurus added in PCTFULL

NEWS EXPRESS FEBRUARY 15 CURRENT VERSION FOR WINDOWS IS V8.01a, CURRENT MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP), AND CURRENT DISCOVER FILE IS DATED 19 DECEMBER 2005. V8.0 AND V8.01 USERS CAN OBTAIN THE UPGRADE TO V8.01a AT <http://download.cas.org/express/v8.0-Discover/>

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* * * * * STN Columbus * * * * *

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=> file .meeting
'EVENTLINE' IS NOT A VALID FILE NAME
Enter "HELP FILE NAMES" at an arrow prompt (=>) for a list of files
that are available. If you have requested multiple files, you can
specify a corrected file name or you can enter "IGNORE" to continue
accessing the remaining file names entered.
ENTER A FILE NAME OR (IGNORE):ignore
'MEDICONF' IS NOT A VALID FILE NAME
Enter "HELP FILE NAMES" at an arrow prompt (=>) for a list of files
that are available. If you have requested multiple files, you can
specify a corrected file name or you can enter "IGNORE" to continue
accessing the remaining file names entered.
ENTER A FILE NAME OR (IGNORE):ignore
COST IN U.S. DOLLARS                               SINCE FILE      TOTAL
                                                    ENTRY         SESSION
FULL ESTIMATED COST                               0.21           0.21

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=> copper(II) and cancer
MISSING OPERATOR 'COPPER(II)'
The search profile that was entered contains terms or
nested terms that are not separated by a logical operator.

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=> copper and cancer and environment

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L1          0 FILE AGRICOLA
L2          6 FILE BIOTECHNO
L3          0 FILE CONFSCI
L4          4 FILE HEALSAFE
L5          0 FILE IMSDRUGCONF
L6          7 FILE LIFESCI
L7         25 FILE PASCAL

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TOTAL FOR ALL FILES
L8         42 COPPER AND CANCER AND ENVIRONMENT

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=> dup rem
ENTER L# LIST OR (END):11-16
L1 HAS NO ANSWERS
L3 HAS NO ANSWERS
L5 HAS NO ANSWERS
DUPLICATE IS NOT AVAILABLE IN 'IMSDRUGCONF'.
ANSWERS FROM THESE FILES WILL BE CONSIDERED UNIQUE
PROCESSING COMPLETED FOR L1
PROCESSING COMPLETED FOR L2

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PROCESSING COMPLETED FOR L3
PROCESSING COMPLETED FOR L4
PROCESSING COMPLETED FOR L5
PROCESSING COMPLETED FOR L6
L9 13 DUP REM L1-L6 (4 DUPLICATES REMOVED)

=> d 19 ibib abs total

L9 ANSWER 1 OF 13 HEALSAFE COPYRIGHT 2006 CSA on STN DUPLICATE 1

ACCESSION NUMBER: 2006:1228 HEALSAFE
TITLE: Treated Wood Preservatives Linked to Aquatic Damage, Human
Illness, and Death--A Societal Problem
AUTHOR: Edlich, R.F.; Winters, K.L.; Long, W.B., III
CORPORATE SOURCE: Plastic Surgery and Biomedical Engineering, University of
Virginia Health System, Virginia, USA
SOURCE: Journal of Long-Term Effects of Medical Implants [J. Long
Term Effects Med. Implants], (20050000) vol. 15, no. 2, pp.
209-224.
ISSN: 1050-6934.
DOCUMENT TYPE: Journal
FILE SEGMENT: H
LANGUAGE: English
SUMMARY LANGUAGE: English

AB On February 12, 2002, the US Environmental Protection Agency (EPA)
announced a voluntary decision by industry to move consumer use of treated
lumber products away from a variety of pressure-treated wood that contains
arsenate (As) by December 31, 2003, in favor of new alternative wood
preservatives. Chromated **copper** arsenate (CCA) is a chemical
mixture consisting of three pesticidal compounds (As, chromium, and
copper) registered for wood preservative uses. CCA is injected
into wood by a process that uses high pressure to saturate wood products
with the chemical. Only people who have received the proper safety
training should use CCA to treat wood products. Around the home,
CCA-treated wood is commonly used for decks, walkways, fences, gazebos,
boat docks, and playground equipment. Other common uses of CCA-treated
wood include highway noise barriers, sign posts, utility posts, and
retaining walls. As of January 1, 2004, the EPA is no longer allowing CCA
products to be used to treat wood intended for any of these residential
uses. This decision will facilitate the voluntary transition to new
alternative wood preservatives that do not contain As in both the
manufacturing and retail sectors. To its credit, the EPA has developed
consumer safety information sheets, hanging signs, end signs, and bin
stickers that provide comprehensive information about the dangers of
CCA-treated wood, use-site, and handling precautions. The EPA has not
concluded that CCA-treated wood poses any unreasonable risk to the public
or the **environment**. Nevertheless, As is a known human carcinogen
and, thus, the EPA believes that any reduction in the levels of potential
exposure to As is desirable. The toxicologic manifestations have been
primarily related to the effects of As exposure from drinking water
sources and include the following: acute poisoning incidents,
cardiovascular effects, diabetes mellitus, and **cancer**.
Understanding the biomethylation of As is central to elucidating its
action as toxin and a carcinogen. In humans as in many other species,
inorganic As is enzymatically converted to the methylated products methyl
As (MAs) and dimethyl As (DMAs). The aforementioned voluntary agreement to
reduce the uses of CCA-treated wood does not include a ban on the use of
CCA for residential roofing. A major reason that this wood product should
be banned from residential roofing is that it does not provide a Class "A"
fire-rated roof system, which markedly reduce the frequency of residential
roof fires.

L9 ANSWER 2 OF 13 BIOTECHNO COPYRIGHT 2006 Elsevier Science B.V. on STN

ACCESSION NUMBER: 2003:36998644 BIOTECHNO
TITLE: Concept, mechanisms and therapeutics of angiogenesis
in **cancer** and other diseases
AUTHOR: Pralhad T.; Madhusudan S.; Rajendrakumar K.
CORPORATE SOURCE: T. Pralhad, Department of Pharmaceutics, Bombay
College of Pharmacy, Kalina, Santacruz (E), Mumbai-400
098, India.

E-mail: pralhad_tayade@rediffmail.com

SOURCE: Journal of Pharmacy and Pharmacology, (01 AUG 2003),
55/8 (1045-1053), 77 reference(s)
CODEN: JPPMAB ISSN: 0022-3573

DOCUMENT TYPE: Journal; General Review
COUNTRY: United Kingdom
LANGUAGE: English
SUMMARY LANGUAGE: English

AN 2003:36998644 BIOTECHNO

AB Angiogenesis supports normal physiology as well as contributing to the progression of various diseases including **cancer**. Determination of the key role of angiogenesis in **cancer** has led to much optimism for the development of targeted drugs without cytotoxic side-effects. Currently, research in angiogenesis therapy is robust, with the discovery of a growing number of pro- and anti-angiogenic molecules. More time, however, is required to be able to elucidate the complex interactions among these molecules, how they affect vasculature and their functions in different **environments**. As we learn more about the molecular mechanisms of angiogenesis, a number of effective methods to treat **cancer** and other diseases will be developed.

L9 ANSWER 3 OF 13 BIOTECHNO COPYRIGHT 2006 Elsevier Science B.V. on STN

ACCESSION NUMBER: 2003:36531575 BIOTECHNO

TITLE: Ultrastructure and molecular biological changes of chronic gastritis, gastric **cancer** and gastric precancerous lesions: A comparative study

AUTHOR: Yin G.-Y.; Zhang W.-N.; Shen X.-J.; Chen Y.; He X.-F.
CORPORATE SOURCE: Dr. G.-Y. Yin, Wuxi No. 3 Peoples Hospital, 230 Eastern Tonghhu Road, Wuxi 214041, Jiangsu Province, China.

E-mail: yinyao@pub.wx.jsinfo.net

SOURCE: World Journal of Gastroenterology, (15 APR 2003), 9/4 (851-857), 13 reference(s)
CODEN: WJGAF2 ISSN: 1007-9327

DOCUMENT TYPE: Journal; Article

COUNTRY: China
LANGUAGE: English
SUMMARY LANGUAGE: English

AN 2003:36531575 BIOTECHNO

AB Aim: To carry out a comparative study on ultrastructure and molecular biological changes of chronic gastritis (CG), gastric **cancer** (GC) and gastric precancerous lesions. Methods: By the use of histochemical staining, SEM with EDAX, TEM with EDAX, image analysis technique, RIA and chemiluminescence method, gastric mucosa of 168 patients were synchronously analyzed in morphology, trace elements, DNA, cAMP, SOD, .sup.3H-fdR LCT and serum LPO were also done. Results: The incidence of epithelial nucleoplasmic ratio >1, lobulated nuclei, inter-chromatin aggregation of granules, nucleolar hypertrophy, and the content of DNA, Zn, Cu in nuclei and serum LPO of each group were showed as follows: normal control group (0.0, 0.0, 6.7, 0.0, 12.6±2.7, 7.6±0.4, 58.4±0.3, 2.6±0.6), CSG group (5.7, 2.9, 7.4, 2.9, 15.2±3.1, 8.1±0.5, 58.9±0.5, 4.2±0.7), CAG group (31.3, 29.7, 45.3, 42.2, 16.5±3.1, 8.6±0.4, 59.3±0.5, 4.5±0.6), CA group (100.0, 100.0, 72.2, 50.0, 30.7±8.2, 8.8±0.3, 59.5±0.4, 6.8±1.6), ATP.sup.+ .sup.+group (61.5, 38.5, 23.1, 38.5, 23.5±8.9, 8.3±0.4, 59.1±0.4, 5.1±1.2), IM.sup.+ .sup.++ATP.sup.+ .sup.+group (77.8, 55.5, 33.3, 44.4, 25.1±7.2, 8.4±0.5, 59.5±0.4, 6.5±1.1), IM.sup.+ .sup.++ATP.sup.+ .sup.+ group (100.0, 100.0, 75.0, 62.5, 28.5±9.1, 8.9±0.5, 59.7±0.4, 7.6±0.7), IMII.sub.b group (100.0, 62.5, 75.0, 50.0, 27.3±10.3, 8.6±0.3, 59.5±0.4, 6.1±0.9); whereas the content of Zn, Cu in mitochondria and cAMP, SOD in gastric mucosa, and .sup.3H-TdR LCT of each group were shown as follows: normal control group (9.2±0.5, 58.3±0.3, 15.9±1.5, 170.5±6.1, 1079.7±227.4), CSG group (8.6±0.5, 57.8±0.3, 14.6±1.8, 163.3±5.6, 867.3±240.5), CAG group (8.3±0.4, 57.5±0.3, 13.4±1.8, 161.2±4.3, 800.9±221.8), CA group (8.9±0.4, 57.1±0.3, 10.2±3.9, 152.2±3.8, 325.7±186.8), ATP.sup.+ .sup.+group (9.1±0.4, 57.0±0.3, 12.4±1.8, 161.5±3.8, 642.9±174.3), IM.sup.+ .sup.++ATP.sup.+ .sup.+ group (8.6±0.4,

56.9±0.3, 12.0±2.3, 152.2±2.5, 326.3±160.3),
IM.sup.+sup.+sup.++ATP.sup.+sup.+ group (8.5±0.3, 56.8±0.2,
10.4±0.9, 147.4±2.6, 316.1±170.7), IMII.sub.b group (8.6±0.3,
56.9±0.3, 11.9±1.9, 150.0±2.8, 318.9±145.8), there were
significant differences between groups (P<0.05-0.01). Conclusion: There
was a significant difference between CG and GC in their ultrastructure
and molecular biology. Only on the condition of changes of internal
environment in combination with the harmful effect of external
environment, chronic atrophic gastritis can then develop into
gastric **cancer**. Hence it might have similar epithelial cell
ultrastructure and molecular biological changes in ATP.sup.+sup.+,
IMII.sub.b and **cancer**, hence there were similar patterns of
occurrence, development and transformation. Recognition of this trend
might help to explore problems of prevention and cure.

L9 ANSWER 4 OF 13 BIOTECHNO COPYRIGHT 2006 Elsevier Science B.V. on STN
DUPLICATE

ACCESSION NUMBER: 2002:34587279 BIOTECHNO
TITLE: Cadmium, **copper**, manganese, silver, and zinc
in rock crab, (**cancer** irroratus) from highly
copper contaminated sites in the Inner Bay of
Fundy, Atlantic Canada
AUTHOR: Chou C.L.; Paon L.A.; Moffatt J.D.
CORPORATE SOURCE: C.L. Chou, Oceans and Environment Branch, Department
of Fisheries, Bedford Institute of Oceanography, Post
Office Box 1006, Dartmouth, NS B2Y 4A2, Canada.
SOURCE: Bulletin of Environmental Contamination and
Toxicology, (2002), 68/6 (885-892), 24 reference(s)
CODEN: BECTA6 ISSN: 0007-4861
DOCUMENT TYPE: Journal; Article
COUNTRY: United States
LANGUAGE: English
AN 2002:34587279 BIOTECHNO

L9 ANSWER 5 OF 13 BIOTECHNO COPYRIGHT 2006 Elsevier Science B.V. on STN

ACCESSION NUMBER: 2002:34106417 BIOTECHNO
TITLE: **Copper**-64-pyruvaldehyde-bis (N.sup.4-
methylthiosemicarbazone) for the prevention of tumor
growth at wound sites following laparoscopic surgery:
Monitoring therapy response with microPET and magnetic
resonance imaging
AUTHOR: Lewis J.S.; Connett J.M.; Garbow J.R.; Buettner T.L.;
Fujibayashi Y.; Fleshman J.W.; Welch M.J.
CORPORATE SOURCE: M.J. Welch, Mallinckrodt institute of Radiology,
Washington Univ. School of Medicine, Camp Box 8225,
510 S. Kingshwy Boulevard, Saint Louis, MO 63110,
United States.
E-mail: welchm@mir.wustl.edu
SOURCE: Cancer Research, (15 JAN 2002), 62/2 (445-449), 30
reference(s)
CODEN: CNREA8 ISSN: 0008-5472
DOCUMENT TYPE: Journal; Article
COUNTRY: United States
LANGUAGE: English
SUMMARY LANGUAGE: English
AN 2002:34106417 BIOTECHNO

AB Laparoscopic colectomy for curable colon **cancer** may result in
the development of abdominal wall implants because of disseminated
disease and the favorable **environment** of the wound site for
cell implantation. Injection of disaggregated human GW39 colon
cancer cells into the hamster peritoneum represents a model of
tumor spillage that may occur during dissection, manipulation, resection,
and extraction of tumor during surgery in the clinical setting. Using
this well-established animal model, we tested the efficacy of
.sup.6.sup.4Cu-pyruvaldehyde-bis (N.sup.4-methylthiosemicarbazone)
(.sup.6.sup.4Cu-PTSM) in inhibiting tumor cell implantation in trocar
wound sites. Anesthetized hamsters had four 5-mm trocars inserted through
the anterior abdominal wall. GW39 cells (.apprx.3.2 x 10.sup.4 cells in
0.5 ml) were injected into the peritoneum through a midline incision. Ten

min later, hamsters were randomized to receive 5, 3, or 1 mCi of ⁶⁴Cu-PTSM through the same midline incision. High-resolution magnetic resonance imaging and microPET were used to monitor tumor volume and morphology after surgery. After 7 weeks, animals were sacrificed, and trocar and midline wounds were harvested for macroscopic and histological analysis. No macroscopic tumor was found in any of the group treated with 5 mCi of ⁶⁴Cu-PTSM, whereas 96% of the wound sites in the group treated with saline had macroscopic tumor growth (P < 0.001). This study demonstrates the therapeutic potential of ⁶⁴Cu-PTSM in inhibiting **cancer** cell implantation and growth at doses well below the maximum tolerated dose, with no signs of toxicity to the hamsters.

L9 ANSWER 6 OF 13 HEALSAFE COPYRIGHT 2006 CSA on STN
ACCESSION NUMBER: 2002:3180 HEALSAFE
TITLE: Dermatologic Disorders of the Athlete
AUTHOR: Adams, B.B.
CORPORATE SOURCE: Department of Dermatology, University of Cincinnati, PO Box 670592, Cincinnati, OH 45267-0523, USA; E-mail: adamsbb@uc.edu
SOURCE: Sports Medicine [Sports Med.], (20020000) vol. 32, no. 5, pp. 309-321.
ISSN: 0112-1642.
DOCUMENT TYPE: Journal
FILE SEGMENT: H
LANGUAGE: English
SUMMARY LANGUAGE: English

AB The most common injuries afflicting the athlete affect the skin. The list of sports-related dermatoses is vast and includes infections, inflammatory conditions, traumatic entities, environmental encounters, and neoplasms. It is critical that the sports physician recognizes common and uncommon skin disorders of the athlete. Knowledge of the treatment and prevention of various sports-related dermatoses results in prompt and appropriate care of the athlete. Infections probably cause the most disruption to individual and team activities. Herpes gladiatorum, tinea corporis gladiatorum, impetigo, and furunculosis are sometimes found in epidemic proportions in athletes. Vigilant surveillance and early treatment help teams avoid these epidemics. Fortunately, several recent studies suggest that pharmacotherapeutic prevention may be effective for some of these sports-related infections. Inflammatory cutaneous conditions may be banal or potentially life threatening as in the case of exercise-induced anaphylaxis. Athletes who develop exercise-induced anaphylaxis may prevent outbreaks by avoiding food before exercise and extreme temperatures while they exercise. Almost all sports enthusiasts are at risk of developing traumatic entities such as nail dystrophies, calluses and blisters. Other more unusual traumatic skin conditions, such as talon noire, jogger's nipples and mogul's palm, occur in specific sports. Several techniques and special clothing exist to help prevent traumatic skin conditions in athletes. Almost all athletes, to some degree, interact with the **environment**. Winter sport athletes may develop frostbite and swimmers in both fresh and saltwater may develop swimmer's itch or seabather's eruption, respectively. Swimmers with fair skin and light hair may also present with unusual green hair that results from the deposition of **copper** within the hair. Finally, athletes are at risk of developing both benign and malignant neoplasms. Hockey players, surfers, boxers and football players can develop athlete's nodules. Outdoor sports enthusiasts are at greater risk of developing melanoma and non-melanoma skin **cancer**. Athletes spend a great deal of time outdoors, typically during peak hours of ultraviolet exposure. The frequent use of sunscreens and protective clothing will decrease the athlete's sun exposure. It is critical that the sports physician recognizes common and uncommon skin disorders of the athlete. Knowledge of the treatment and prevention of various sports-related dermatoses results in prompt and appropriate care of the athlete.

L9 ANSWER 7 OF 13 LIFESCI COPYRIGHT 2006 CSA on STN
ACCESSION NUMBER: 2003:68664 LIFESCI
TITLE: Selenium Concentration in Compartments of Aquatic Ecosystems in Central Chile
AUTHOR: Pinochet, H.; De Gregori, I.; Cavieres, M.F.